


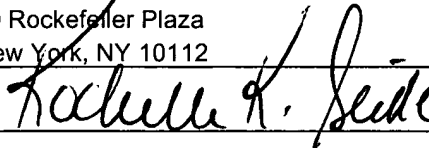
BAKER BOTTS LLPPlease type a plus sign (+) inside this box → **TRANSMITTAL
FORM***(to be used for all correspondence after initial filing)*

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/725324
	Filing Date	12/1/03
	First Named Inventor	Son
	Group Art Unit	1654
	Examiner Name	To Be Assigned
Total Number of Pages in This Submission	Attorney Docket Number	A36093 073226.0121

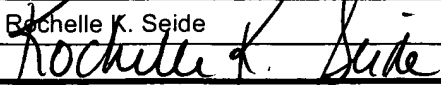
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Combined Declaration and Power of Attorney, copy of Notice to File Missing Parts
Remarks <input type="checkbox"/>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	BakerBotts LLP 30 Rockefeller Plaza New York, NY 10112
Signature	 Att Name: Rochelle K. Seide PTO Reg: 32,300
Date	4/9/04

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450 Alexandria, VA 22313-1450 on this date: 4/9/04		
Typed or printed name	Rochelle K. Seide	
Signature		Date 4/9/04

Title:

COMPOSITION FOR WEIGHT REDUCTION COMPRISING WATER- SOLUBLE
LOW-MOLECULAR WEIGHT CHITOSAN AND HIBISCUS EXTRACT

Use Space Below for Additional Information:



A36093 073226.0121
PATENT

Applicants submit herewith a Combined Declaration and Power of Attorney in compliance with 37 C.F.R. § 1.63. A copy of the Notice to File Missing Parts of Nonprovisional Application is also enclosed.

Applicants also enclose the fee required for late filing of a Declaration pursuant to 37 C.F.R. § 1.16(e). If any additional fee is due, or if any overpayment has been made, in connection with the filing of this response, the Commissioner is authorized to charge any such fee or credit any overpayment, to our Deposit Account No. 02-4377. A duplicate copy of this paper is enclosed.

Respectfully submitted,
BAKER BOTTS LLP

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